

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014658</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/06/2016</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**ROSEWOOD CARE CENTER OF ROCKFORD** **1660 SOUTH MULFORD**  
**ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.615(e) 300.1030(d)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on a resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on Interview and Record Review the facility failed to do background checks on residents within 24 hours after admission.</p> <p>This applies to 6 residents (R23, R26, R41 - R44) in the supplemental sample.</p> <p>The findings include:</p> <p>The facility's Admission Log for December 2015 showed R44 was admitted on 12/24/15. The criminal background check for R44 was completed 5 days later on 12/29/15.</p> <p>The facility's Admission Log for December 2015</p>	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

**02/01/16**

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER  <b>ROSEWOOD CARE CENTER OF ROCKFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1660 SOUTH MULFORD ROCKFORD, IL 61108</b>
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S9999	<p>Continued From page 1</p> <p>showed R42 and R43 were admitted on 12/28/15. The criminal background check for R42 was done November 6, 2015. The criminal background check for R43 was done January 22, 2014.</p> <p>The facility's Admission Log for December 2015 showed R23 was admitted on 12/30/15. The criminal background check for R23 was done 5 days after admission on January 4, 2016.</p> <p>The facility's Admission Log for December 2015 showed R26 and R41 were admitted on 12/31/15. The criminal background check for R26 and R41 was done 4 days after admission on January 4, 2016.</p> <p>On January 6, 2016 at 10:32am, E1 (Administrator) stated, "The background checks are done before the resident is admitted or the next days unless it is a weekend."</p> <p>On January 6, 2016 the facility did not have a policy regarding when criminal background checks would be done for residents.</p> <p>Section 300.1030 Medical Emergencies</p> <p>d) When two or more staff are on duty in the facility, at least two staff people on duty in the facility shall have current certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program. When there is only one person on duty in the facility, that person needs to be certified. Any facility employee who is on duty in the facility may be utilized to meet this requirement.</p> <p>This requirement is not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

IL6014658

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_\_\_

B. WING: \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

01/06/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ROSEWOOD CARE CENTER OF ROCKFORD

1660 SOUTH MULFORD  
ROCKFORD, IL 61108

(X4) ID  
PREFIX  
TAG

SUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID  
PREFIX  
TAG

PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETE  
DATE

S9999

Continued From page 2

S9999

Based on Interview and Record Review the facility failed to have at least two staff on duty that were certified in basic life support.

This applies to 3 of 13 residents (R1, R2 & R10) reviewed for code status in the sample of 13 and 23 residents (R17, R23, R27, R28, R34, R36, R38 - R41, R45 - R57) in the supplemental sample.

The findings include:

The facility's daily staffing sheets showed no staff certified in basic life support on December 7, 2015, December 13, 2015 and December 27, 2015 on the the night shift.

The facility's daily staffing sheets showed only one staff member certified in basic life support on the night shift on December 5, 6, 10, 12, 14, 17, 18, 21, 22, 26, 31, 2015; January 1, 2016 and January 2, 2016.

The facility's daily staffing sheets showed only one staff member certified in basic life support on the evening shift on December 19, 2015 and January 2, 2016.

On January 6, 2016 at 9:30am, E1 (Administrator) stated, "I highlighted on the schedule the people that are CPR (cardiopulmonary resuscitation) certified. I am an instructor but don't have the equipment."

On January 6, 2016 the facility did not have policy about the number of staff on duty that need to be certified in basic life support.

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